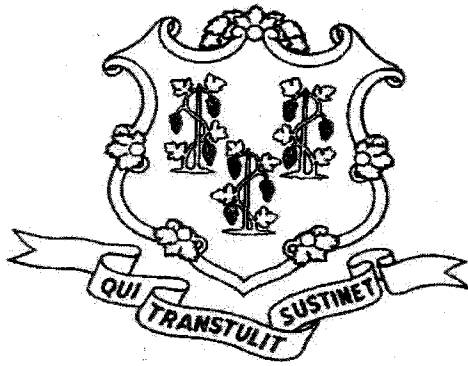


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Martland Management, Inc. d/b/a The Park City Residential Care Home	
Address (No. & Street, City, State, Zip Code) 752 Park Avenue, Bridgeport, CT 06604	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH	RHNS	Residential Care Home 1860	Medicare Provider
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Park City Resid	1860	9/30/2016	1	37

**Administrator's/Owner's Certification**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Martland Management, Inc. d/b/a The Park City Residential Care Home [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above. \*\*

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Note\*\*: Subject to desk audit review

Signed (Administrator)	Date	Signed (Owner)	Date
<i>Jessica Ciullo</i>	2/2/17	<i>M. T. Martland</i>	2.2.2017
Printed Name (Administrator)		Printed Name (Owner)	
Jessica Ciullo		Matthew T. Martland	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)
<i>Guiselachampagne</i>	CT	2/2/17	<i>[Signature]</i>
Address of Notary Public			
2 W main st, Waterbury 06705.			
			Comm. Expires
			9,31,21

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Martland Management, Inc. d/b/a The Park City Residential Care Home		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 752 Park Avenue, Bridgeport, CT 06604				
Report Prepared By Marcum LLP		Phone Number (203) 781-9600	Date 12/5/2016	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility (203) 362-1000		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Martland Management, Inc. d/b/a The Park City Residential C		Address (No. & Street, City, State, Zip) 752 Park Avenue, Bridgeport, CT 06604		
License Numbers:	CCNH	RHNS	Residential Care Home 1860	Medicare Provider No.
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Jessica Ciullo		Nursing Home Administrator's License No.:	N/A	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		





### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Park City Re	1860	9/30/2016	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable



**General Information and Questionnaire  
 Related Parties\***

Name of Facility Martland Management, Inc. d/b/a The Park City Reside	License No. 1860	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?  Yes  No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Elton Management, Inc.	30 West Main Street, Waterbury, CT 06702	<input checked="" type="radio"/>	<input type="radio"/>	Management Services & Bookkeeping	Pg. 16 / Line M12	76,718	76,718
Matthew T. Martland	752 Park Avenue, Bridgeport, CT 06604	<input checked="" type="radio"/>	<input type="radio"/>	Director, Managing General Partner	N/A	N/A	N/A
Martland, Inc.	30 West Main Street, Waterbury, CT 06702	<input type="radio"/>	<input checked="" type="radio"/>	Credit Extended for Development Fee	Pg. 34 / Line 4	135,000	135,000
John Hancock Realty Advisors	Hancock Place, PO Box 1111, 200 Clarendon St., Boston, MA 02117	<input checked="" type="radio"/>	<input type="radio"/>	Received Priority Fee Distribution	Pg. 16 / Line M13	14,685	14,685
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Martland Management, Inc. d/b/a The Park City	License No. 1860	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes     No    If "No," explain fully why such allocation was not made.

Not Applicable

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

Not Applicable

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes     No    If "No," explain fully why such allocation was not made.

Not Applicable

**General Information and Questionnaire  
 Leases (Excluding Real Property)**

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility		License No.	Report for Year Ended		Page	of	
			9/30/2016				6
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Martland Management, Inc. d/b/a The Park City Residential			1860				
Not Applicable	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
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	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
					<input type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>

Is a Mileage Log Book Maintained for All Leased Vehicles ?

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Martland Management, Inc. d/b/a T	License No. 1860	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes    If "No," explain.  
 No

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Lenkowski, Lonergan & Co., P.C.	1570 Straits Turnpike, Suite 2D, Middlebury, CT 06762
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT
3	
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of 9/30 work papers, trial balance, 12/31 financial statements and tax returns	\$ 22,225
2 Annual Cost Report Preparation	\$ 3,500
3	\$
4	\$
	Charge for Services Provided
	\$ 25,725

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes     No    Page 15 / Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Duffy & Fasano	(203) 405-3100
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)

1 1626 Straits Turnpike, Suite 307, Middlebury, CT 06762
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 None in current year	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes     No    Not Applicable

**Schedule of Resident Statistics**

	Name of Facility			License No.			Report for Year Ended			Page		of	
	Martland Management, Inc. d/b/a The Park City Residential Care Home			1860			9/30/2016			8			37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS		
<b>1. Certified Bed Capacity</b>													
A. On last day of PREVIOUS report period	50	50			50				50	50			
B. On last day of THIS report period	50	50			50				50	50			
<b>2. Number of Residents</b>													
A. As of midnight of PREVIOUS report period	49	49			49				46	46			
B. As of midnight of THIS report period	46	46			46				46	46			
<b>3. Total Number of Days Care Provided During Period</b>													
A. Medicare													
B. Medicaid (Conn.)													
C. Medicaid (other states)													
D. Private Pay													
E. State SSI for RCH	17,262	17,262			12,966				4,296	4,296			
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	17,262	17,262			12,966				4,296	4,296			
<b>4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds</b>													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
<b>5. Total Resident Days (3G + 4A + 4B)</b>	17,262	17,262			12,966				4,296	4,296			

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Martland Management, Inc. d/b/a The Park C	License No. 1860	Report for Year Ended 9/30/2016	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Residential Care Home
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare		Medicaid		Self-Pay		Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	ICF-MR
No. of Residents								46
Per Diem Rate								
a. One bed rm.							96.67	88.63
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
<b>D. Total Physical Therapy Treatments</b>				

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
<b>D. Total Speech Therapy Treatments</b>				

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
<b>D. Total Occupational Therapy Treatments</b>				

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Martland Management, Inc. d/b/a The Park City Residential	1860	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						347
2. Administrator(s) (Complete also Sec. III of Schedule A1)					45,050	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					74,109	3,032
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					138,819	9,470
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					49,011	3,441
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					96,412	5,953
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					46,911	3,367
9. Barber and Beautician Services						
10. Protective Services					37,702	2,732
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					142,814	9,131
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					22,591	1,080
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					653,419	40,633

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
 Assistant Administrators and Other Related Parties\***

Name of Facility	License No.	Report for Year Ended	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
			CCNH	RHNS	Residential Care Home							
Martland Management, Inc. d/b/a The Park City Residential Care Home	1860	9/30/2016									11	37
<b>Section I - Operators/Owners</b>												
Matthew T. Martland - Director						Admin, supply ordering, A/P, A/R, Data Entry	347	A1	Martland Management d/b/a The Elton RCH	2,340	75,650	
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>												

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include all employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
 Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of			
Martland Management, Inc. d/b/a The Park City Residential Care Home		1860		9/30/2016		12	37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
<b>Section III - Administrators***</b>										
Jessica Ciullo			45,050	Non Discriminatory	Administrator	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all other employment worked during the cost year.  
 \*\*\* If more than one Administrator is reported, include dates of employment for each.

**Annual Report of Long-Term Care Facility**

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Martland Management, Inc. d/b/a The Park City Res	1860	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>						

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility		License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Park City Resider		1860	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Not Applicable		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Park City	1860	9/30/2016	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 23,244			23,244
2. Disability Insurance	\$ 4,242			4,242
3. Unemployment Insurance	\$ 15,154			15,154
4. Social Security (F.I.C.A.)	\$ 48,010			48,010
5. Health Insurance	\$ 71,326			71,326
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 25,725			25,725
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 2,556			2,556
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,303			4,303
2. Cellular Phones	\$			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
<b>Subtotal</b>	\$ 194,560			194,560

\* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

**\*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Martland Management, Inc. d/b/a The Park City Residential Care Home  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	Residential Care Home
<b>Total</b>	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

Description	CCNH	RHNS	Residential Care Home
<b>Total</b>	\$ -	\$ -	\$ -

### C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Park City Resid	1860	9/30/2016	16	37
Item	Total	CCNH	RHNS	Residential Care Home
<b>Subtotals Brought Forward:</b>	194,560			194,560
<b>l. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 195			195
3. Gifts to Staff and Residents	\$ 550			550
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 34			34
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 1,404			1,404
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 433			433
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 650			650
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract ( <i>Specify and Complete         Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$ 76,718			76,718
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 24,006			24,006
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 298,550</b>			<b>298,550</b>

\* Do not include Subscriptions, which should go in item 9.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Advertising</b>	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CARCH			\$ 650
<b>Total Dues</b>	\$ -	\$ -	\$ 650

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Bank Charges			\$ 682
Security			\$ 1,118
Payroll Fee			\$ 6,746
Priority Fee Distribution			\$ 14,685
Bridgeport Health Department Kitchen License			\$ 200
State of CT Filing Fee			\$ 20
Costco Membership			\$ 55
Midland Escrow Loan Analysis Fee			\$ 500
<b>Total Other Administrative and General</b>	\$ -	\$ -	\$ 24,006



**Schedule C-1 - Management Services\***

Name of Facility Martland Management, Inc. d/b/a The Par	License No. 1860	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Elton Management, Inc., 30 West Main Street, Waterbury, CT 06702	76,718	Lender and Limited Partner / Approved Management fee for the overseeing of operations of the Facility, bookkeeping services and tax credit compliance services	Page 16 Line M12

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

**C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Martland Management, Inc. d/b/a The Park City Reside		1860	9/30/2016		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1.	Raw Food	\$ 93,996				93,996
2.	Non-Food Supplies	\$				
3.	Other (Specify) _____	\$ 1,958				1,958
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>						
		\$				
<b>c. Management Services**</b>						
		\$				
<b>d. Other (Specify) _____</b>						
		\$				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 95,954				95,954
<b>2F. Dietary Questionnaire</b>		Total	CCNH	RHNS	Residential Care Home	
<b>G. Resident Meals:</b>		Total no. of meals served per day:*				
<b>H. Is cost of employee meals included in 2E?</b>		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>I. Did you receive revenue from employees?</b>		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
		If yes, specify cost.				
<b>L. Is any revenue collected from these people?</b>		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
		If yes, specify amt.				
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
		If yes, specify cost.				
<b>O. Is any revenue collected from employees?</b>		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
		If yes, specify amt.				
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs**  
**(See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Park City Resider		1860	9/30/2016	19	37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	1,599		1,599
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$	1,052		1,052
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	2,651		2,651
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care  
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Martland Management, Inc. d/b/a The Park City		1860	9/30/2016		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 12,629			12,629
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt.	\$			
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
<b>4E.</b>	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 12,629			12,629
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$			
b.	Medicine Cabinet Drugs		\$			
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$			
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory***		\$			
i.	Recreation		\$ 14,558			14,558
j.	Other (Specify)**** See Attached Schedule		\$			
<b>5K.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>		\$ 14,558			14,558

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.



**Report of Expenditures  
 Schedule C-2 - Individuals or Firms Providing Services by Contract \***

Name of Facility		License No.	Report for Year Ended	Page of						
Martland Management, Inc. d/b/a The Park City Residential Care Home		1860	9/30/2016	21	37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Elton Management, Inc.	30 West Main Street, Waterbury, CT 06702	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	Management fee for the overseeing of operations			76,718	16	M12
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
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		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

### C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Martland Management, Inc. d/b/a The Park Ci	1860	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>6. Maintenance &amp; Operation of Plant</b>						
a. Repairs & Maintenance	\$ 7,022				7,022	
b. Heat	\$ 9,508				9,508	
c. Light & Power	\$ 63,215				63,215	
d. Water	\$ 9,744				9,744	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 39,287				39,287	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 128,776</b>				<b>128,776</b>	
<b>7. Depreciation (<i>complete schedule page 23*</i>)</b>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 235,021				235,021	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 2,809				2,809	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 237,830</b>				<b>237,830</b>	
<b>8. Amortization (<i>Complete att. Schedule Page 24*</i>)</b>						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,790				6,790	
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 6,790</b>				<b>6,790</b>	
<b>9. Rental payments on leased real property less real estate taxes included in item 10b</b>	<b>\$</b>					
<b>10. Property Taxes</b>						
a. Real estate taxes paid by owner	\$ 80,975				80,975	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,979				2,979	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 328,574</b>				<b>328,574</b>	

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	Residential Care Home
Sewer			\$ 9,382
Exterminating Contract			\$ 3,446
Grounds Contract			\$ 12,386
Elevator			\$ 6,685
Paint			\$ 860
Trash Removal			\$ 6,529
<b>Total Other Repairs and Maintenance</b>	\$ -	\$ -	\$ 39,287



### Depreciation Schedule

Name of Facility Martland Management, Inc. d/b/a The Park City Residential Care Home		License No. 1860		Report for Year Ended 9/30/2016		Page 23	of 37		
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>A. Land Improvements</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period		6,893,774		6,893,774	3,210,502	SL	Various	233,456	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		9,145		9,145		SL	Various	1,565	
B-4. Subtotal									235,021
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 2003 Chevy Astro				21,007	21,007	SL	Various		
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period					182,158	SL	Various	1,739	
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)				5,350		SL	5	1,070	
D-3. Subtotal									2,809
<b>E. Total Depreciation</b>									<b>237,830</b>

Martland Management, Inc. d/b/a The Park City Residential Care Home  
 9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
8/23/2016	Replace AC Chiller Condenser Fan Motor	\$ 2,645	10	\$ 265
4/6/2016	Vinyl Floor	\$ 6,500	5	\$ 1,300
<b>Total additions for Building Improvements</b>		\$ 9,145		\$ 1,565 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/28/2016	Resident Room Furniture	\$ 5,350	5	\$ 1,070
<b>Total additions for Movable Equipment</b>		\$ 5,350		\$ 1,070 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Park City RCH  
Depreciation Schedule  
09/30/16**

<u>PROPERTY CATEGORY</u>	<u>Acquisition Year</u>	<u>Historical Costs</u>	<u>Cost to Be Depreciated</u>	<u>Life</u>	<u>Method Life</u>	<u>2015</u>		<u>2016</u>		<u>2016 Accum Dep.</u>
						<u>Deprec.</u>	<u>Accum Dep.</u>	<u>Deprec.</u>	<u>Accum Dep.</u>	
<b>Building / Improvements</b>										
<u>Acquired prior 2013</u>										
Building Rehab	12/1/2001	6,796,739	6,796,739	30	S/L	226,558	3,134,053	226,558	3,360,611	
A/C Upgrade	9/11/2006	3,413	3,413	5	S/L	-	3,413	-	3,413	
Cable Upgrade	6/26/2007	4,287	4,287	10	S/L	429	3,642	429	4,070	
Drain	6/14/2007	7,265	7,265	15	S/L	484	4,117	484	4,601	
Carpeting	9/4/2007	4,857	4,857	5	S/L	-	4,857	-	4,857	
Exterior wood repair, replacement & paint	9/12/2008	18,810	18,810	15	S/L	1,254	9,405	1,254	10,659	
Carpeting	12/6/2008	10,987	10,987	5	S/L	-	10,987	-	10,987	
Hot Water Bolding Tank	7/6/2010	10,420	10,420	5	S/L	1,042	10,420	-	10,420	
Carpeting	3/4/2011	3,182	3,182	5	S/L	636	2,864	318	3,182	
Paving	6/1/2011	4,770	4,770	8	S/L	596	2,683	596	3,279	
New Alarm Panel	5/16/2012	11,980	11,980	10	S/L	1,198	3,594	1,198	4,792	
Replace (2) Boiler Heat Pumps	3/26/2013	4,178	4,178	10	S/L	418	1,044	418	1,462	
Carpeting	10/18/2012	4,896	4,896	5	S/L	979	2,938	979	3,917	
<u>Acquired in 2014</u>										
New Control Board for Chiller	6/24/2014	3,757	3,757	10	S/L	376	734	376	1,109	
Carpeting	7/7/2014	4,233	4,233	5	S/L	847	1,693	847	2,540	
<u>Acquired in 2016</u>										
Replace A/C Chiller Condenser Fan Motor	8/23/2016	2,645	2,645	10	S/L	-	-	265	265	
Carpeting	4/6/2016	6,500	6,500	5	S/L	-	-	1,300	1,300	
<b>Total</b>		<b>6,902,919</b>	<b>6,902,919</b>			<b>234,817</b>	<b>3,196,443</b>	<b>235,021</b>	<b>3,431,465</b>	

**Movable Equipment**

**Acquired prior 2013**

Building Rehab	12/1/2001	178,696	178,696	5	S/L	-	178,696	-	178,696
Refrigerator	4/16/2002	579	579	5	S/L	-	579	-	579

**Acquired in 2014**

18 Recliners	9/30/2014	5,724	5,724	5	S/L	1,145	2,290	1,145	3,434
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**Acquired in 2015**

Refrigerator	7/24/2015	3,241	3,241	10	S/L	324	324	324	648
Freezer	3/11/2015	2,690	2,690	10	-	269	269	269	538

**Acquired in 2016**

Resident Room Furniture	1/28/2016	5,350	5,350	5	S/L	-	-	1,070	1,070
-------------------------	-----------	-------	-------	---	-----	---	---	-------	-------

**Total**

		<b>196,280</b>	<b>196,280</b>			<b>1,738</b>	<b>182,159</b>	<b>2,809</b>	<b>184,966</b>
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**Motor Vehicles**

**Acquired prior 2013**

2003 Chevy Astro Van	4/29/2003	21,007	21,007	5	S/L	-	21,007	-	21,007
----------------------	-----------	--------	--------	---	-----	---	--------	---	--------

**Total**

		<b>21,007</b>	<b>21,007</b>			<b>-</b>	<b>21,007</b>	<b>-</b>	<b>21,007</b>
--	--	---------------	---------------	--	--	----------	---------------	----------	---------------

**Total Historical Cost**

		<b>7,120,206</b>	<b>7,120,206</b>			<b>236,555</b>	<b>3,399,609</b>	<b>237,830</b>	<b>3,637,437</b>
--	--	------------------	------------------	--	--	----------------	------------------	----------------	------------------

Park City RCH  
Amortization Schedule  
09/30/16

PROPERTY CATEGORY

Financing Costs

Acquired prior 2012

Acquisition Year	Historical Costs	Cost to Be Depreciated	2011 Accum	Life	Method Life	2015 Deprec.	2015 Accum Dep.	2016 Deprec.	2016 Accum Dep.	Net Book Value
1/19/2001	26,897	26,897	19,276	15	S/L	1,793	26,449	449	26,897	-
1/19/2001	144,234	144,234	104,762	15	S/L	9,616	143,225	1,009	144,234	-
1/19/2001	11,484	11,484	8,231	15	S/L	766	11,294	190	11,484	-
9/1/2002	50,000	50,000	24,997	18	S/L	2,778	36,108	2,778	38,886	11,114
1/14/2003	18,000	18,000	8,750	18	S/L	1,000	12,750	1,000	13,750	4,250
2/3/2003	24,544	24,544	11,818	18	S/L	1,364	17,272	1,364	18,635	5,909
<b>Total</b>	<b>275,159</b>	<b>275,159</b>	<b>177,834</b>			<b>17,316</b>	<b>247,097</b>	<b>6,790</b>	<b>253,887</b>	<b>21,272</b>

Startup Costs

Acquired prior 2012

Acquisition Year	Historical Costs	Cost to Be Depreciated	2011 Accum	Life	Method Life	2015 Deprec.	2015 Accum Dep.	2016 Deprec.	2016 Accum Dep.	Net Book Value
1/1/2002	9,291	9,291	9,291	5	S/L	-	9,291	-	9,291	-
<b>Total</b>	<b>9,291</b>	<b>9,291</b>	<b>9,291</b>			<b>-</b>	<b>9,291</b>	<b>-</b>	<b>9,291</b>	<b>-</b>
<b>Total Historical Cost / Depreciation For Period</b>										
	<b>284,450</b>	<b>284,450</b>				<b>17,316</b>	<b>256,388</b>	<b>6,790</b>	<b>263,178</b>	<b>21,272</b>

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Martland Management, Inc. d/b/a The Park City Residential	Date of Acquisition		License No. 1860	Report for Year Ended 9/30/2016	Page 24	of 37
	Month	Year				
<b>A. Organization Expense</b>						
1. Legal Fees	1	2001	26,897	26,448 A	449	
2. Start Up Costs	1	2001	9,291	9,291 A		
3.						
<b>A-4. Subtotal</b>						449
<b>B. Mortgage Expense</b>						
1. Bank Fees - Chase & Other	1	2001	155,718	154,518 B	1,199	
2. Rate Cap Fee - Chase	9	2003	50,000	36,111 B	2,778	
3. Loan Fees & Service Fees	1	2003	42,544	30,024 B	2,364	
<b>B-4. Subtotal</b>						6,341
<b>C. Leasehold Improvements and Other</b>						
1. Acquired prior to this report period						
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)						
<b>C-4. Subtotal</b>						
<b>D. Total Amortization</b>						6,790

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

### C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Martland Management, Inc. d/b/a The	License No. 1860	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	06/29/00				
2. Date Structure Completed	10/01/01				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	11/30/11				
5. Total Licensed Bed Capacity	50				
6. Square Footage	29,455				
7. Acquisition Cost					
a. Land	15,000				
b. Building	209,174				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed			
b. Date Mortgage Obtained		02/02/03			
c. Interest Rate for the Cost Year		7.21%			
d. Term of Mortgage (number of years)		18			
e. Amount of Principal Borrowed		2,400,000			
f. Principal balance outstanding as of 9/30/2016		1,880,192			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

**Note:** Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.



**C. Expenditures Other Than Salaries (cont'd) - Interest**

Name of Facility		License No.	Report for Year Ended			Page	of
Martland Management, Inc. d/b/a The		1860	9/30/2016			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 138,935				138,935	
Name of Lender		Rate					
Fannie Mae / Midland Loan Services, Inc.		7.21%					
Address of Lender							
PO Box 25965, Shawnee Mission, KS 66210							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 138,935				138,935	

(Carry Subtotals forward to next page)

**C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance**

Name of Facility		License No.		Report for Year Ended		Page of	
Martland Management, Inc. d/b/a T		1860		9/30/2016		27   37	
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:				138,935			138,935
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 138,935			138,935
14. Insurance							
a. Insurance on Property (buildings only)				\$ 37,782			37,782
b. Insurance on Automobiles				\$ 2,116			2,116
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 39,898			39,898
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 1,713,944			1,713,944

**D. Adjustments to Statement of Expenditures**

Name of Facility				License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Park City Residential Ca				1860	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M2	Unallowable Advertising *	\$ 1,404			1,404
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 53,889			53,889
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 14,912			14,912
<b>Page 18 - Dietary Expenditures</b>							
24.	16	L2	Meals to employees, guests and others who are not residents	\$ 195			195
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 70,400			70,400

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M13	Priority Fee Distribution			\$ 14,685
15	2	Prior Period Disability Insurance			\$ 227
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ 14,912

**Park City Residential Care Home**  
**9/30/2016**  
**Management Fee Disallowance Calculation**

**Note:** Per agreement with the State of Connecticut, allowable management fees are inflated by 3% per year. Therefore, the calculation below disallows management fees in excess of 3% which were calculated as allowable in cost year 2015.

2015 Allowable Amount	\$ 22,163.78
3% Percent Increase	<u>664.91</u>
2016 Allowable Amount	22,828.69
Amount Reported	<u>76,718.00</u>
<b>Disallowance</b>	<b><u><u>\$ (53,889.31)</u></u></b>

**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility			License No.	Report for Year Ended	Page	of	
Martland Management, Inc. d/b/a The Park City Residential			1860	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 70,400			70,400
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 13,283			13,283
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 83,683			83,683

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Martland Management, Inc. d/b/a The Park City Residential Care Home  
 9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5i	Cable - Other than common areas			\$ 13,283
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ 13,283

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -



**Park City Residential Care Home**

**9/30/2016**

**Cable Disallowance Calculation**

**To disallow cable expense associated with non common area televisions**

Total Cable Expense	14,483	Acct. # 6366
Allowable Amount	<u>1,200</u>	(50/55 Televisions)
<b>Disallowance</b>	<b><u>\$ 13,283</u></b>	

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Martland Management, Inc. d/b/a The Pal	1860	9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 1,541,210			1,541,210		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 1,541,210			1,541,210		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 151			151		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$					
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 151			151		
<b>VI. Total All Revenue</b> (III + V)	\$ 1,541,361			1,541,361		

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
				0
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
				0
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
					0
30 IV5	Midland Mortgage Services - Interest on Escrow	512,430			\$ 151
<b>Total Interest Income</b>			\$ -	\$ -	\$ 151

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
				0
<b>Total Other Revenue</b>		\$ -	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The F	1860	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash (on hand and in banks)			\$	112,918
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	433,067
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	15,176
a. Prepaid Insurance	15,078			
b. Prepaid Expenses	98			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	512,430
Escrow Reserve	448,893			
Escrow Insurance	42,760			
Escrow Tax	20,777			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,073,591</b>
<b>B. Fixed Assets</b>				
1. Land			\$	15,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 6,902,919		\$	3,457,396
	Accum. Depreciation 3,445,523	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 196,280		\$	11,313
	Accum. Depreciation 184,967	Net		
7. Motor Vehicles	*Historical Cost 21,007		\$	
	Accum. Depreciation 21,007	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	14,060
Difference in Depreciation	14,058			
Rounding	2			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>3,497,769</b>

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The F	1860	9/30/2016	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	4,571,360
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	36,188		
	Accum. Depreciation	36,188	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	21,268
	Mortgage Costs	248,262		
	Mortgage Costs Accum. Dep.	(226,994)		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	21,268
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	4,592,628

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Park Ci		1860	9/30/2016	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	6,171
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	13,038
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	402,342
Accrued Interest		17,099	Accrued Sewer	4,477	
Accrued Property Taxes		40,388	Rounding	(1)	
Accrued Management Fees		325,696			
Accrued Priority Distribution		14,683			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>421,551</b>

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility Martland Management, Inc. d/b/a The Park	License No. 1860	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			421,551	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 1,880,192
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 750,011
N/P - Bridgeport CDBG		108,928		
Development Fees Payable - Martland Mgmt. Inc		135,000		
Due to DSS		506,083		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 2,630,203
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 3,051,753

**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The	1860	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	4,641,911
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,928,453)
6. Gain or Loss for Period			\$	(172,583)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	1,540,875
<b>C. Total Reserves and Net Worth</b>			\$	1,540,875
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,592,628



### H. Changes in Total Net Worth

Name of Facility Martland Management, Inc. d/b/a The Pa	License No. 1860	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(2,928,453)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	1,541,361
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	1,713,944
D. Net Income or Deficit			\$	(172,583)
E. Balance			\$	(3,101,036)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawals <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(3,101,036)
				09/30/16

### I. Preparer's/Reviewer's Certification

Name of Facility Martland Management, Inc. d/b/a The Park	License No. 1860	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Principal	Date Signed 2/6/17		
Printed Name of Preparer Matthew S. Bovolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		

**ACCOUNTANTS' CONSULTING REPORT**

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for **Martland Management, Inc. d/b/a The Park City Residential Care Home** for the year ended 9/30/2016, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of **Martland Management, Inc. d/b/a The Park City Residential Care Home**. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of **Martland Management, Inc. d/b/a The Park City Residential Care Home** and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

**MARCUM LLP**

New Haven, CT  
February 6, 2017



MARCUM GROUP  
MEMBER

# Annual Report of Long-Term Care Facility Cost Year 2016 Checklist

Facility Name Park City Residential Care Home

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: \_\_\_\_\_

Yes No

2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.

Explanation: \_\_\_\_\_

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.  
Not Applicable

Explanation: \_\_\_\_\_

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.  
Not Applicable

Explanation: \_\_\_\_\_

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: Not Applicable \_\_\_\_\_  
\_\_\_\_\_

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: Not Applicable \_\_\_\_\_  
\_\_\_\_\_

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: Not Applicable \_\_\_\_\_  
\_\_\_\_\_

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation:

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Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation:

Not Applicable

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Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?

Explanation:

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Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation:

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Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

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Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

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Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Client: **Park City RCH**  
 Engagement: **Medicaid - Park City RCH**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-other**

Account	Description	UNADJ 9/30/2016	JE Ref #	AJE	FINAL 9/30/2016	1st PP-FINAL 9/30/2015
1111	Cash - BankNorth	112,918.36			112,918.36	86,349.36
1130	Accts. Receivable-Tenants	159,729.45			159,729.45	152,879.92
1131	Receivable from DSS	273,337.38			273,337.38	273,337.38
1240	Prepaid Insurance	15,078.00			15,078.00	15,130.00
1241	Prepaid Expenses	97.82			97.82	92.28
1351	Reserve Escrow - Midland	448,893.02			448,893.02	433,742.45
1352	Insurance Escrow - Midland	42,760.37			42,760.37	41,834.79
1353	Tax Escrow - Midland	20,777.03			20,777.03	20,099.82
1410	Land	15,000.00			15,000.00	15,000.00
1420	Buildings & Improve.	6,908,270.80		(5,350.00)	6,902,920.80	6,893,775.02
1421	Accum. Depr. - Bldgs./Impr.	(3,199,328.20)		(237,830.00)	(3,437,158.20)	(3,199,328.20)
1430	Start-up Costs	36,188.42			36,188.42	36,188.42
1435	Accum. Amort. - Start-up	(35,739.42)		(449.00)	(36,188.42)	(35,739.42)
1451	Equipment/Furniture	190,930.05		5,350.00	196,280.05	190,930.05
1452	Accum. Depr. - Equip./Furn.	(179,275.00)			(179,275.00)	(179,275.00)
1461	Motor Vehicles	21,007.02			21,007.02	21,007.02
1462	A/D - Motor Vehicles	(21,007.00)			(21,007.00)	(21,007.00)
1901	Mortgage Costs	248,261.50			248,261.50	248,261.50
1949	Accum. Amort. - Mtge. Costs	(220,652.63)		(6,340.00)	(226,992.63)	(220,652.63)
2110	Accounts Payable	(6,170.58)			(6,170.58)	(5,317.92)
2111	N/P - Bridgeport CDBG	(108,928.00)			(108,928.00)	(108,928.00)
2116	Development Fee Payable	(135,000.00)			(135,000.00)	(140,000.00)
2120	Accrued Wages	(13,038.35)			(13,038.35)	(8,933.11)
2121	Due to DSS	(506,082.93)			(506,082.93)	(506,082.93)
2130	Accrued Interest	(17,099.46)			(17,099.46)	(16,010.18)
2135	Accrued Property Taxes	(40,387.50)			(40,387.50)	(39,211.50)
2137	Accrued Management Fee	(325,695.74)			(325,695.74)	(282,395.95)
2138	Accrued Priority Distribution	(14,683.00)			(14,683.00)	(14,256.00)
2320	Mtge. - Community Develop. Trust (Midland)	(1,880,191.68)			(1,880,191.68)	(1,938,032.19)
3131	Capital - J. Hancock Tax Cr Fd.	(1,742,060.10)			(1,742,060.10)	(1,889,071.23)
3133	Capital - Martland Mgt.	28,602.12			28,602.12	27,117.15
5120	Apartment Rents	(1,541,209.69)			(1,541,209.69)	(1,578,852.87)
5491	Interest Income	(150.57)			(150.57)	(205.78)
5910	Laundry - Supply	1,052.22			1,052.22	1,432.38
5911	Laundry - Parts and Equipment	1,598.99			1,598.99	271.19
6210	Advertising	1,404.00			1,404.00	1,404.00
6300	Dietary - Food	93,996.14			93,996.14	95,402.06
6301	Dietary - Labor	138,819.02			138,819.02	136,879.09
6302	Dietary - Other	1,957.52			1,957.52	1,353.94
6310	Office Salaries	120,268.46		(46,159.46)	74,109.00	72,687.77
6311	Office Supplies	2,556.23			2,556.23	2,156.84
6312	Postage	433.00			433.00	294.00
6320	Management Fees	76,718.00			76,718.00	79,540.63
6324	Meals & Entertainment	195.32			195.32	92.27
6325	Interest Expense	138,934.81			138,934.81	142,946.69
6330	Bank Charges	682.06			682.06	872.69
6350	Employee Benefits	550.00			550.00	625.00
6355	Licenses, Fees & Dues	1,425.00		(775.00)	650.00	650.00
6360	Telephone	4,302.90			4,302.90	4,395.77
6366	Television	14,483.20			14,483.20	13,924.59
6367	Travel and Auto	34.00			34.00	399.77
6368	Recreation - Entertainment	75.00			75.00	162.41
6369	Recreation - Labor	45,131.71		(22,540.71)	22,591.00	22,251.02
6392	Accounting	25,725.00			25,725.00	26,050.00
6450	Electricity	63,215.49			63,215.49	71,752.21
6451	Water	9,743.85			9,743.85	6,943.47
6452	Gas and Oil	9,508.18			9,508.18	15,353.75
6453	Sewer	4,905.16		4,477.16	9,382.32	9,803.15
6513	Housekeeping - Other	12,601.25			12,601.25	7,935.13
6514	Housekeeping - Keys	27.74			27.74	15.90
6516	Housekeeping - Labor	48,111.30		899.70	49,011.00	47,438.97
6519	Exterminating Contract	3,445.98			3,445.98	5,606.72
6522	Grounds Contract	18,914.70			18,914.70	9,095.64
6525	Trash Removal	0.00			0.00	6,246.95
6530	Security - Labor	37,702.32			37,702.32	37,175.45
6531	Security	1,118.44			1,118.44	2,519.95
6540	Maintenance - Labor	96,412.09			96,412.09	95,064.79
6542	Repairs - Electric	3,212.68			3,212.68	4,940.63
6543	Repairs - Kitchen Equipment	0.00			0.00	2,457.20



Account	Description	UNADJ 9/30/2016	JE Ref #	AJE	FINAL 9/30/2016	1st PP-FINAL 9/30/2015
6545	Elevator	6,684.53			6,684.53	7,542.99
6550	Plumbing	3,808.99			3,808.99	9,674.94
6555	Subscriptions	0.00			0.00	27.00
6562	Paint - Trade	859.53			859.53	1,305.74
6620	Depreciation	0.00		237,830.00	237,830.00	236,555.00
6621	Amortization	0.00		6,789.00	6,789.00	17,316.00
6710	Real Estate Tax	80,974.50			80,974.50	78,623.00
6711	Property Taxes	2,979.32			2,979.32	2,394.46
6712	State Entity Tax	0.00			0.00	250.00
6715	Payroll Taxes	48,010.22			48,010.22	48,595.11
6716	Unemployment tax	15,154.19			15,154.19	10,856.83
6720	Insurance	37,782.16			37,782.16	36,777.32
6721	Auto Insurance	2,116.00			2,116.00	2,350.00
6722	Payroll Fee	6,745.61			6,745.61	6,830.33
6723	Medical Insurance	71,326.08			71,326.08	66,655.80
6724	STD Insurance	4,241.72			4,241.72	3,175.70
6725	Workmans Comp.	23,244.00			23,244.00	24,315.00
6726	Priority Fee Distribution	14,685.00			14,685.00	14,257.00
6943	Personal Aides/Bathing	120,163.90		22,650.10	142,814.00	140,734.67
6971	Laundry - Labor	46,811.00		100.37	46,911.37	46,156.84
Marcum 101	Administrator's Salary	0.00		45,050.00	45,050.00	45,900.00
Marcum 102	Memberships & Licenses	0.00		55.00	55.00	55.00
Marcum 103	DPH License	0.00		220.00	220.00	200.00
Marcum 104	Loan Analysis	0.00		500.00	500.00	500.00
Marcum 105	Insurance Escrow	0.00			0.00	364.00
Marcum 106	Accrued Sewer	0.00		(4,477.16)	(4,477.16)	0.00
<b>Total</b>				<b>0.00</b>		
<b>Net (Income) Loss</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Client: **Park City RCH**  
 Engagement: **Medicaid - Park City RCH**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-other**  
 Workpaper: **A.03 - Grouped TB**

Account	Description	UNADJ 9/30/2016	JE Ref #	AJE	FINAL 9/30/2016
<b>Group : [10-A]</b>	<b>Salaries and Wages</b>				
<b>Subgroup : [2]</b>	<b>Administrators</b>				
Marcum 101	Administrator's Salary	0.00		45,050.00	45,050.00
			AJE - 5	<u>45,050.00</u>	
<b>Subtotal [2] Administrators</b>		<u>0.00</u>		<u>45,050.00</u>	<u>45,050.00</u>
<b>Subgroup : [4]</b>	<b>Other Administrative Salaries</b>				
6310	Office Salaries	120,268.46		(46,159.46)	74,109.00
			AJE - 5	<u>(45,050.00)</u>	
			AJE - 7	<u>(1,109.46)</u>	
<b>Subtotal [4] Other Administrative Salaries</b>		<u>120,268.46</u>		<u>(46,159.46)</u>	<u>74,109.00</u>
<b>Subgroup : [5C]</b>	<b>Dietary Workers</b>				
6301	Dietary - Labor	138,819.02		0.00	138,819.02
<b>Subtotal [5C] Dietary Workers</b>		<u>138,819.02</u>		<u>0.00</u>	<u>138,819.02</u>
<b>Subgroup : [6B]</b>	<b>Other Housekeeping Workers</b>				
6516	Housekeeping - Labor	48,111.30		899.70	49,011.00
			AJE - 7	<u>899.70</u>	
<b>Subtotal [6B] Other Housekeeping Workers</b>		<u>48,111.30</u>		<u>899.70</u>	<u>49,011.00</u>
<b>Subgroup : [7B]</b>	<b>Other Maintenance Workers</b>				
6540	Maintenance - Labor	96,412.09		0.00	96,412.09
<b>Subtotal [7B] Other Maintenance Workers</b>		<u>96,412.09</u>		<u>0.00</u>	<u>96,412.09</u>
<b>Subgroup : [8B]</b>	<b>Other Laundry Workers</b>				
6971	Laundry - Labor	46,811.00		100.37	46,911.37
			AJE - 7	<u>100.37</u>	
<b>Subtotal [8B] Other Laundry Workers</b>		<u>46,811.00</u>		<u>100.37</u>	<u>46,911.37</u>
<b>Subgroup : [10]</b>	<b>Protective Services</b>				
6530	Security - Labor	37,702.32		0.00	37,702.32
<b>Subtotal [10] Protective Services</b>		<u>37,702.32</u>		<u>0.00</u>	<u>37,702.32</u>
<b>Subgroup : [12D]</b>	<b>Aides and Attendants</b>				
6943	Personal Aides/Bathing	120,163.90		22,650.10	142,814.00
			AJE - 7	<u>22,650.10</u>	
<b>Subtotal [12D] Aides and Attendants</b>		<u>120,163.90</u>		<u>22,650.10</u>	<u>142,814.00</u>
<b>Subgroup : [12H]</b>	<b>Recreation Workers</b>				
6369	Recreation - Labor	45,131.71		(22,540.71)	22,591.00
			AJE - 7	<u>(22,540.71)</u>	
<b>Subtotal [12H] Recreation Workers</b>		<u>45,131.71</u>		<u>(22,540.71)</u>	<u>22,591.00</u>
<b>Total [10-A] Salaries and Wages</b>		<u>653,419.80</u>		<u>0.00</u>	<u>653,419.80</u>
<b>Group : [15]</b>	<b>Expenditures Other than Salaries</b>				
<b>Subgroup : [1A1]</b>	<b>Workmen's Compensation</b>				
6725	Workmans Comp.	23,244.00		0.00	23,244.00
<b>Subtotal [1A1] Workmen's Compensation</b>		<u>23,244.00</u>		<u>0.00</u>	<u>23,244.00</u>
<b>Subgroup : [1A2]</b>	<b>Disability Insurance</b>				
6724	STD Insurance	4,241.72		0.00	4,241.72
<b>Subtotal [1A2] Disability Insurance</b>		<u>4,241.72</u>		<u>0.00</u>	<u>4,241.72</u>
<b>Subgroup : [1A3]</b>	<b>Unemployment Insurance</b>				
6716	Unemployment tax	15,154.19		0.00	15,154.19
			AJE - 6	<u>(0.00)</u>	
<b>Subtotal [1A3] Unemployment Insurance</b>		<u>15,154.19</u>		<u>0.00</u>	<u>15,154.19</u>
<b>Subgroup : [1A4]</b>	<b>Social Security (FICA)</b>				
6715	Payroll Taxes	48,010.22		0.00	48,010.22
			AJE - 6	<u>(0.00)</u>	
<b>Subtotal [1A4] Social Security (FICA)</b>		<u>48,010.22</u>		<u>0.00</u>	<u>48,010.22</u>
<b>Subgroup : [1A5]</b>	<b>Health Insurance</b>				
6723	Medical Insurance	71,326.08		0.00	71,326.08
<b>Subtotal [1A5] Health Insurance</b>		<u>71,326.08</u>		<u>0.00</u>	<u>71,326.08</u>
<b>Subgroup : [1D]</b>	<b>Accounting and Auditing</b>				
6392	Accounting	25,725.00		0.00	25,725.00
<b>Subtotal [1D] Accounting and Auditing</b>		<u>25,725.00</u>		<u>0.00</u>	<u>25,725.00</u>
<b>Subgroup : [1G]</b>	<b>Office Supplies</b>				
6311	Office Supplies	2,556.23		0.00	2,556.23
<b>Subtotal [1G] Office Supplies</b>		<u>2,556.23</u>		<u>0.00</u>	<u>2,556.23</u>

Client: **Park City RCH**  
 Engagement: **Medicaid - Park City RCH**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-other**  
 Workpaper: **A.03 - Grouped TB**

Account	Description	UNADJ 9/30/2016	JE Ref #	AJE	FINAL 9/30/2016
<b>Subgroup : [1H1] Telephone and Telegraph</b>					
6360	Telephone	4,302.90		0.00	4,302.90
<b>Subtotal [1H1] Telephone and Telegraph</b>		<b>4,302.90</b>		<b>0.00</b>	<b>4,302.90</b>
<b>Total [15] Expenditures Other than Salaries</b>		<b>194,560.34</b>		<b>0.00</b>	<b>194,560.34</b>
Group : [16] Expenditures Other than Salaries (cont'd) - Admin. and General					
<b>Subgroup : [2] Holiday Parties for Staff</b>					
6324	Meals & Entertainment	195.32		0.00	195.32
<b>Subtotal [2] Holiday Parties for Staff</b>		<b>195.32</b>		<b>0.00</b>	<b>195.32</b>
<b>Subgroup : [3] Gifts to Staff and Residents</b>					
6350	Employee Benefits	550.00		0.00	550.00
<b>Subtotal [3] Gifts to Staff and Residents</b>		<b>550.00</b>		<b>0.00</b>	<b>550.00</b>
<b>Subgroup : [6] Automobile Expense</b>					
6367	Travel and Auto	34.00		0.00	34.00
<b>Subtotal [6] Automobile Expense</b>		<b>34.00</b>		<b>0.00</b>	<b>34.00</b>
<b>Subgroup : [M2] Advertising Telephone Directory</b>					
6210	Advertising	1,404.00		0.00	1,404.00
<b>Subtotal [M2] Advertising Telephone Directory</b>		<b>1,404.00</b>		<b>0.00</b>	<b>1,404.00</b>
<b>Subgroup : [M7] Postage</b>					
6312	Postage	433.00		0.00	433.00
<b>Subtotal [M7] Postage</b>		<b>433.00</b>		<b>0.00</b>	<b>433.00</b>
<b>Subgroup : [M8] Dues and Membership Fees</b>					
6355	Licenses, Fees & Dues	1,425.00		(775.00)	650.00
<b>Subtotal [M8] Dues and Membership Fees</b>		<b>1,425.00</b>	AJE - 4	<b>(775.00)</b>	<b>650.00</b>
<b>Subgroup : [M12] Administrative Management Services</b>					
6320	Management Fees	76,718.00		0.00	76,718.00
<b>Subtotal [M12] Administrative Management Services</b>		<b>76,718.00</b>		<b>0.00</b>	<b>76,718.00</b>
<b>Subgroup : [M13] Other</b>					
6330	Bank Charges	682.06		0.00	682.06
6531	Security	1,118.44		0.00	1,118.44
6722	Payroll Fee	6,745.61		0.00	6,745.61
6726	Priority Fee Distribution	14,685.00		0.00	14,685.00
Marcum 102	Memberships & Licenses	0.00		55.00	55.00
Marcum 103	DPH License	0.00	AJE - 4	220.00	220.00
Marcum 104	Loan Analysis	0.00	AJE - 4	220.00	220.00
<b>Subtotal [M13] Other</b>		<b>23,231.11</b>	AJE - 4	<b>500.00</b>	<b>500.00</b>
<b>Total [16] Expenditures Other than Salaries (cont'd) - Admin. and</b>		<b>103,990.43</b>		<b>775.00</b>	<b>24,006.11</b>
				<b>0.00</b>	<b>103,990.43</b>
Group : [18] Dietary Basis for Allocation of Costs					
<b>Subgroup : [2A1] Raw Food</b>					
6300	Dietary - Food	93,996.14		0.00	93,996.14
<b>Subtotal [2A1] Raw Food</b>		<b>93,996.14</b>		<b>0.00</b>	<b>93,996.14</b>
<b>Subgroup : [2A3] Other</b>					
6302	Dietary - Other	1,957.52		0.00	1,957.52
<b>Subtotal [2A3] Other</b>		<b>1,957.52</b>		<b>0.00</b>	<b>1,957.52</b>
<b>Total [18] Dietary Basis for Allocation of Costs</b>		<b>95,953.66</b>		<b>0.00</b>	<b>95,953.66</b>
Group : [19] Laundry-Basis for Allocation of Costs					
<b>Subgroup : [3A4] Repair and/or purchased linens</b>					
5911	Laundry - Parts and Equipment	1,598.99		0.00	1,598.99
<b>Subtotal [3A4] Repair and/or purchased linens</b>		<b>1,598.99</b>		<b>0.00</b>	<b>1,598.99</b>
<b>Subgroup : [3D] Other</b>					
5910	Laundry - Supply	1,052.22		0.00	1,052.22
<b>Subtotal [3D] Other</b>		<b>1,052.22</b>		<b>0.00</b>	<b>1,052.22</b>
<b>Total [19] Laundry-Basis for Allocation of Costs</b>		<b>2,651.21</b>		<b>0.00</b>	<b>2,651.21</b>
Group : [20] Housekeeping and Resident Care Basis for Allocation of Costs					
<b>Subgroup : [4A1] In-House Care Supplies</b>					
6513	Housekeeping - Other	12,601.25		0.00	12,601.25
6514	Housekeeping - Keys	27.74		0.00	27.74
<b>Subtotal [4A1] In-House Care Supplies</b>		<b>12,628.99</b>		<b>0.00</b>	<b>12,628.99</b>

Client: **Park City RCH**  
 Engagement: **Medicaid - Park City RCH**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-other**  
 Workpaper: **A.03 - Grouped TB**

Account	Description	UNADJ 9/30/2016	JE Ref #	AJE	FINAL 9/30/2016
<b>Subgroup : [5I] Recreation</b>					
6366	Television	14,483.20		0.00	14,483.20
6368	Recreation - Entertainment	75.00		0.00	75.00
<b>Subtotal [5I] Recreation</b>		<b>14,558.20</b>		<b>0.00</b>	<b>14,558.20</b>
<b>Total [20] Housekeeping and Resident Care Basis for Allocation c</b>		<b>27,187.19</b>		<b>0.00</b>	<b>27,187.19</b>
<b>Group : [22] Maintenance and Property</b>					
<b>Subgroup : [6A] Repairs and Maintenance</b>					
6542	Repairs - Electric	3,212.68		0.00	3,212.68
6550	Plumbing	3,808.99		0.00	3,808.99
<b>Subtotal [6A] Repairs and Maintenance</b>		<b>7,021.67</b>		<b>0.00</b>	<b>7,021.67</b>
<b>Subgroup : [6B] Heat</b>					
6452	Gas and Oil	9,508.18		0.00	9,508.18
<b>Subtotal [6B] Heat</b>		<b>9,508.18</b>		<b>0.00</b>	<b>9,508.18</b>
<b>Subgroup : [6C] Light &amp; Power</b>					
6450	Electricity	63,215.49		0.00	63,215.49
<b>Subtotal [6C] Light &amp; Power</b>		<b>63,215.49</b>		<b>0.00</b>	<b>63,215.49</b>
<b>Subgroup : [6D] Water</b>					
6451	Water	9,743.85		0.00	9,743.85
<b>Subtotal [6D] Water</b>		<b>9,743.85</b>		<b>0.00</b>	<b>9,743.85</b>
<b>Subgroup : [6F] Other</b>					
6453	Sewer	4,905.16		4,477.16	9,382.32
			AJE - 8	4,477.16	
6519	Exterminating Contract	3,445.98		0.00	3,445.98
6522	Grounds Contract	18,914.70		0.00	18,914.70
6545	Elevator	6,684.53		0.00	6,684.53
6562	Paint - Trade	859.53		0.00	859.53
<b>Subtotal [6F] Other</b>		<b>34,809.90</b>		<b>4,477.16</b>	<b>39,287.06</b>
<b>Subgroup : [7B] Building &amp; Building Improvements</b>					
6620	Depreciation	0.00		237,830.00	237,830.00
			AJE - 1	237,830.00	
<b>Subtotal [7B] Building &amp; Building Improvements</b>		<b>0.00</b>		<b>237,830.00</b>	<b>237,830.00</b>
<b>Subgroup : [8B] Mortgage Expense</b>					
6621	Amortization	0.00		6,789.00	6,789.00
			AJE - 2	6,789.00	
<b>Subtotal [8B] Mortgage Expense</b>		<b>0.00</b>		<b>6,789.00</b>	<b>6,789.00</b>
<b>Subgroup : [10A] Real estate taxes paid by owner</b>					
6710	Real Estate Tax	80,974.50		0.00	80,974.50
<b>Subtotal [10A] Real estate taxes paid by owner</b>		<b>80,974.50</b>		<b>0.00</b>	<b>80,974.50</b>
<b>Subgroup : [10C] Personal property taxes</b>					
6711	Property Taxes	2,979.32		0.00	2,979.32
<b>Subtotal [10C] Personal property taxes</b>		<b>2,979.32</b>		<b>0.00</b>	<b>2,979.32</b>
<b>Total [22] Maintenance and Property</b>		<b>208,252.91</b>		<b>249,096.16</b>	<b>457,349.07</b>
<b>Group : [26] Interest</b>					
<b>Subgroup : [12A1] First Mortgage</b>					
6325	Interest Expense	138,934.81		0.00	138,934.81
<b>Subtotal [12A1] First Mortgage</b>		<b>138,934.81</b>		<b>0.00</b>	<b>138,934.81</b>
<b>Total [26] Interest</b>		<b>138,934.81</b>		<b>0.00</b>	<b>138,934.81</b>
<b>Group : [27] Interest and Insurance</b>					
<b>Subgroup : [14A] Insurance on Property</b>					
6720	Insurance	37,782.16		0.00	37,782.16
<b>Subtotal [14A] Insurance on Property</b>		<b>37,782.16</b>		<b>0.00</b>	<b>37,782.16</b>
<b>Subgroup : [14B] Insurance of Automobiles</b>					
6721	Auto Insurance	2,116.00		0.00	2,116.00
<b>Subtotal [14B] Insurance of Automobiles</b>		<b>2,116.00</b>		<b>0.00</b>	<b>2,116.00</b>
<b>Subgroup : [14C3] Other</b>					
Marcum 105	Insurance Escrow	0.00		0.00	0.00
			AJE - 4	(0.00)	
<b>Subtotal [14C3] Other</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>Total [27] Interest and Insurance</b>		<b>39,898.16</b>		<b>0.00</b>	<b>39,898.16</b>
<b>Group : [30] Statement of Revenue</b>					
<b>Subgroup : [1A] Medicaid Residents (CT only)</b>					
5120	Apartment Rents	(1,541,209.69)		0.00	(1,541,209.69)

Client: **Park City RCH**  
 Engagement: **Medicaid - Park City RCH**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-other**  
 Workpaper: **A.03 - Grouped TB**

Account	Description	UNADJ	JE Ref #	AJE	FINAL
		9/30/2016			9/30/2016
<b>Subtotal [1A] Medicaid Residents (CT only)</b>		<b><u>(1,541,209.69)</u></b>		<b><u>0.00</u></b>	<b><u>(1,541,209.69)</u></b>
<b>Subgroup : [15] Interest Income</b>					
5491 Interest Income		(150.57)		0.00	(150.57)
<b>Subtotal [15] Interest Income</b>		<b><u>(150.57)</u></b>		<b><u>0.00</u></b>	<b><u>(150.57)</u></b>
<b>Total [30] Statement of Revenue</b>		<b><u>(1,541,360.26)</u></b>		<b><u>0.00</u></b>	<b><u>(1,541,360.26)</u></b>
<b>Group : [31] Assets</b>					
<b>Subgroup : None</b>					
1111 Cash - BankNorth		112,918.36		0.00	112,918.36
1130 Accts. Receivable-Tenants		159,729.45		0.00	159,729.45
1131 Receivable from DSS		273,337.38		0.00	273,337.38
1240 Prepaid Insurance		15,078.00		0.00	15,078.00
1241 Prepaid Expenses		97.82		0.00	97.82
1351 Reserve Escrow - Midland		448,893.02		0.00	448,893.02
1352 Insurance Escrow - Midland		42,760.37		0.00	42,760.37
1353 Tax Escrow - Midland		20,777.03		0.00	20,777.03
1410 Land		15,000.00		0.00	15,000.00
1420 Buildings & Improve.		6,908,270.80		(5,350.00)	6,902,920.80
			AJE - 3	(5,350.00)	
1421 Accum. Depr. - Bldgs./Impr.		(3,199,328.20)		(237,830.00)	(3,437,158.20)
			AJE - 1	(237,830.00)	
1430 Start-up Costs		36,188.42		0.00	36,188.42
1435 Accum. Amort. - Start-up		(35,739.42)		(449.00)	(36,188.42)
			AJE - 2	(449.00)	
1451 Equipment/Furniture		190,930.05		5,350.00	196,280.05
			AJE - 3	5,350.00	
1452 Accum. Depr. - Equip./Fum.		(179,275.00)		0.00	(179,275.00)
1461 Motor Vehicles		21,007.02		0.00	21,007.02
1462 A/D - Motor Vehicles		(21,007.00)		0.00	(21,007.00)
1901 Mortgage Costs		248,261.50		0.00	248,261.50
1949 Accum. Amort. - Mtge. Costs		(220,652.63)		(6,340.00)	(226,992.63)
			AJE - 2	(6,340.00)	
<b>Subtotal : None</b>		<b><u>4,837,246.97</u></b>		<b><u>(244,619.00)</u></b>	<b><u>4,592,627.97</u></b>
<b>Total [31] Assets</b>		<b><u>4,837,246.97</u></b>		<b><u>(244,619.00)</u></b>	<b><u>4,592,627.97</u></b>
<b>Group : [33] Liabilities &amp; Equity</b>					
<b>Subgroup : None</b>					
2110 Accounts Payable		(6,170.58)		0.00	(6,170.58)
2111 N/P - Bridgeport CDBG		(108,928.00)		0.00	(108,928.00)
2116 Development Fee Payable		(135,000.00)		0.00	(135,000.00)
2120 Accrued Wages		(13,038.35)		0.00	(13,038.35)
2121 Due to DSS		(506,082.93)		0.00	(506,082.93)
2130 Accrued Interest		(17,099.46)		0.00	(17,099.46)
2135 Accrued Property Taxes		(40,387.50)		0.00	(40,387.50)
2137 Accrued Management Fee		(325,695.74)		0.00	(325,695.74)
2138 Accrued Priority Distribution		(14,683.00)		0.00	(14,683.00)
2320 Mtge. - Community Develop. Trust (Midland)		(1,880,191.68)		0.00	(1,880,191.68)
3131 Capital - J. Hancock Tax Cr Fd.		(1,742,060.10)		0.00	(1,742,060.10)
3133 Capital - Martland Mgt.		28,602.12		0.00	28,602.12
Marcum 106 Accrued Sewer		0.00		(4,477.16)	(4,477.16)
			AJE - 8	(4,477.16)	
<b>Subtotal : None</b>		<b><u>(4,760,735.22)</u></b>		<b><u>(4,477.16)</u></b>	<b><u>(4,765,212.38)</u></b>
<b>Total [33] Liabilities &amp; Equity</b>		<b><u>(4,760,735.22)</u></b>		<b><u>(4,477.16)</u></b>	<b><u>(4,765,212.38)</u></b>
<b>Sum of Account Groups</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>Net (Income) Loss</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>

Client: **Park City RCH**  
 Engagement: **Medicaid - Park City RCH**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-other**  
 Workpaper: **Adjusting Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
<b>Adjusting Journal Entries JE # 1</b>				
To add current deprecation to the trial balance.				
6620	Depreciation		237,830.00	
1421	Accum. Depr. - Bldgs./Impr.			237,830.00
<b>Total</b>			<b>237,830.00</b>	<b>237,830.00</b>
<b>Adjusting Journal Entries JE # 2</b>				
To add current amortization to the trial balance				
6621	Amortization		6,789.00	
1435	Accum. Amort. - Start-up			449.00
1949	Accum. Amort. - Mtge. Costs			6,340.00
<b>Total</b>			<b>6,789.00</b>	<b>6,789.00</b>
<b>Adjusting Journal Entries JE # 3</b>				
To reclass movable equipment to the correct cost report line				
1451	Equipment/Furniture		5,350.00	
1420	Buildings & Improve.			5,350.00
<b>Total</b>			<b>5,350.00</b>	<b>5,350.00</b>
<b>Adjusting Journal Entries JE # 4</b>				
To reclass Dues to correct cost report accounts				
Marcum 102	Memberships & Licenses		55.00	
Marcum 103	DPH License		220.00	
Marcum 104	Loan Analysis		500.00	
6355	Licenses, Fees & Dues			775.00
Marcum 105	Insurance Escrow			
<b>Total</b>			<b>775.00</b>	<b>775.00</b>
<b>Adjusting Journal Entries JE # 5</b>				
To reclass administrator's salary to correct cost report line.				
Marcum 101	Administrator's Salary		45,050.00	
6310	Office Salaries			45,050.00
<b>Total</b>			<b>45,050.00</b>	<b>45,050.00</b>
<b>Adjusting Journal Entries JE # 7</b>				
To reclass Aides salary to the correct cost report line.				
6516	Housekeeping - Labor		899.70	
6943	Personal Aides/Bathing		22,650.10	
6971	Laundry - Labor		100.37	
6310	Office Salaries			1,109.46
6369	Recreation - Labor			22,540.71
<b>Total</b>			<b>23,650.17</b>	<b>23,650.17</b>

Client: **Park City RCH**  
 Engagement: **Medicaid - Park City RCH**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-other**  
 Workpaper: **Adjusting Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
<b>Adjusting Journal Entries JE # 8</b>				
To accrued sewer bills				
6453	Sewer		4,477.16	
Marcum 106	Accrued Sewer			4,477.16
<b>Total</b>			<u><u>4,477.16</u></u>	<u><u>4,477.16</u></u>

(10)

# Schmidt Plumbing & Heating Company, Inc.

# Invoice

P.O. Box 11186  
Waterbury, CT 06703  
203-757-6524

INVOICE NO.: 20281

Bill To:  
Park City RCH  
752 Park Ave.  
Bridgeport, CT 06604

INVOICE DATE: 8/23/2016

TERMS: Due on receipt  
1.25% Per month over 30 days

*rec'd 9.15.16*

June '16	4995 & 5224		
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DESCRIPTION OF WORK	Amount
Report No AC main building - chiller down. Troubleshoot, faulty condenser fan motor assembly. Locate replacement and install. Test operation.	
Total Material Total Labor Sales Tax	1,702.36 785.00 157.95
<b>PAY THIS AMOUNT &gt; Total Amount Due:</b>	<b>\$2,645.31</b>

*9.20.16*  
*OK 10/2/16*

The purchaser agrees to pay all costs of collection including reasonable attorney's fees.



JUST LOVE SAVING MONEY! DON'T YOU?

# BOB'S FURNITURE

315 QUEEN STREET  
SOUTHINGTON  
(603)622-1659  
WWW.BOBBS.COM

CT 06489

STANDARD ORDER: 6153093  
Customer #: 3972407

Sold To:  
PARK CITY RESIDENTIAL CARE HOME  
752 PARK AVE  
BRIDGEPORT  
HOME PHONE: (803)362-1000

CT 06484

Sales Associate(s): JEANNETTE SAMUELS

Ship To:  
PARK CITY RESIDENTIAL CARE HOME  
752 PARK AVE  
BRIDGEPORT  
TELEPHONE: (803)362-1000

CT 06604

Article	Description	Coat Proof Plus	Purchase Date	Quantity	Unit Price	Delivery	Delivery Date
1	THURSDAY NIGHT FIGHT		11/17/00	1	117.00		
2	JAMILLA CLASSIC DENIM		11/17/00	1	117.00		
3	JEAN BOY/JINGER BOYLINE		11/17/00	1	117.00		

Delivery 229.99  
Sub-Total 5,010.99  
Tax 319.48  
Total 5,330.47  
Balance 5,330.47

1.28.16  
JK # 9871

The above information is accurate. Customer Signature \_\_\_\_\_

For service after delivery please call Bob's Customer Care line at (803)622-1184  
The information contained on the subsequent pages of this document is an integral part of the agreement between the buyer and the seller.

04/07/2014 02:15

2035911192

CARPET EXCELLENCE

131629

**Carpet Excellence**  
1920 East Main Street, Waterbury, CT 06705

CUSTOMER'S ORDER NO. **2081758-0091** DATE **4-6-16**  
 NAME **Park City**  
 ADDRESS **152 Park Ave.**  
 CITY, STATE, ZIP **Bridgewater CT**

PAID BY:  CASH  C.O.D.  CHARGE  ON ACCT.  MOSE. RETD.  PAID OUT

SOLO BY **Fox # 003-960-8222**

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	1.845' Install w/ Shim		612.00
2	Tackoff Morningtime		
3	1200		
4	w/ Track + Disposal		
5			
6	300' Concrete	1.10	330.00
7			
8			
9	Install on 3-28-16		
10			
11			
12			
13			
14			
15			
16			
17			
18			

Subtotal  
388

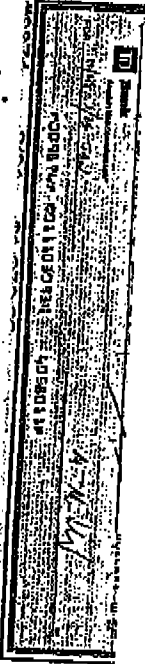
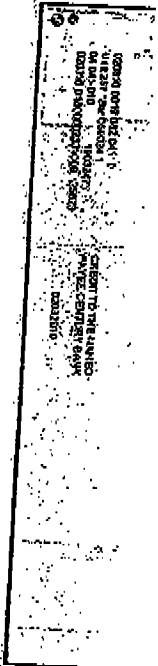
TOTAL **6,500.00**

RECEIVED BY **Fox # 4-6-16**

KEEP THIS SLIP FOR REFERENCE

0-9909  
F. 2012/14/0350

01-11



America's Most Convenient Bank®

I

STATEMENT OF ACCOUNT



PARK CITY R C H LIMITED PARTNERSHIP  
MARTLAND MANAGEMENT INC

Page: 7 of 22  
Statement Period: Feb 01 2016-Feb 29 2016  
Cust Ref #: 4058011-721-L-000  
Primary Account #: 00-4058011

PNC BANK

PARK CITY R C H LIMITED PARTNERSHIP  
MARTLAND MANAGEMENT INC  
3972807  
1-28-16  
\$5,350.47  
DOLLARS 0/100

ATM

4058011P

2/01 \$5,350.47

FOR DEPOSIT ONLY

ACCOUNT NUMBER

DATE

AMOUNT

MEMO

COLLECTOR'S SIGNATURE

002900 09DDCP02 008421



**Bank**

America's Most Convenient Bank<sup>®</sup>

PARK CITY R C H LIMITED PARTNERSHIP  
MARTLAND MANAGEMENT INC

**I STATEMENT OF ACCOUNT**

Page: 6 of 23  
Statement Period: Oct 01 2016-Oct 31 2016  
Cust Ref #: 4058011-7214-<sup>www</sup>  
Primary Account #: 00-4058011

10218 10/03 \$2,845.31

PARK CITY R C H LIMITED PARTNERSHIP  
MARTLAND MANAGEMENT INC

DATE: 10/03/16  
AMOUNT: \$2,845.31  
BY: A.T.H.

FOR: [Signature]

10218 10/03 \$2,845.31

10227 10/06 \$14,258.00

PARK CITY R C H LIMITED PARTNERSHIP  
MARTLAND MANAGEMENT INC

DATE: 10/06/16  
AMOUNT: \$14,258.00  
BY: A.T.H.

FOR: [Signature]

10227 10/06 \$14,258.00

10218 10/03 \$2,845.31

PARK CITY R C H LIMITED PARTNERSHIP  
MARTLAND MANAGEMENT INC

DATE: 10/03/16  
AMOUNT: \$2,845.31  
BY: A.T.H.

FOR: [Signature]

10218 10/03 \$2,845.31

10227 10/06 \$14,258.00

PARK CITY R C H LIMITED PARTNERSHIP  
MARTLAND MANAGEMENT INC

DATE: 10/06/16  
AMOUNT: \$14,258.00  
BY: A.T.H.

FOR: [Signature]

10227 10/06 \$14,258.00



Bank

America's Most Convenient Bank®

PARK CITY R C H LIMITED PARTNERSHIP  
MARTLAND MANAGEMENT INC

I STATEMENT OF ACCOUNT

Page: 10 of 21  
Statement Period: Apr 01 2016-Apr 30 2016  
Cust Ref #: 4058011-721-J\*\*\*  
Primary Account #: 00-4058011

PARK CITY R C H LIMITED PARTNERSHIP MARTLAND MANAGEMENT INC		3/10/16	\$600
#9984	4/12	\$6,500.00	
PARK CITY R C H LIMITED PARTNERSHIP 13162 DATE 3-2-16 BY Cash \$650.00 P. R.M. Ruffalo R.P. Gush M.H.			

021178 - 227221170001	Webster
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